

**SPECIAL NOTE REGARDING
PETITION OF QUALIFIED VOTERS
*FOR REFERENDUM FORM***

The Petition Of Qualified Voters *For Referendum* form is a two page document that should be printed on 8 ½" x 14" paper. When you print this form, it should be printed front and back on one 8 ½" x 14" sheet of paper. When reproducing this document, it must be reproduced the same way. Front of form contains line numbers 1 through 12; the back of the form contains line numbers 13 through 26 followed by the AFFIDAVIT. If you are unable to print or reproduce this form on 8 ½" x 14" printed back and front, then call our office at 800-552-9745 or 804-864-8901 and we will be glad to send you the form.

We the qualified voters of _____
County or City or Town and District, if applicable
signed hereunder do hereby petition the circuit court to enter an order, pursuant
to § _____ of the Code of Virginia for a Special Election to be held
on _____, on the question listed below:

COMMONWEALTH OF VIRGINIA
**PETITION OF QUALIFIED
VOTERS
FOR REFERENDUM**

Overlay this area with the question to be placed on the ballot and then photocopy as many forms as needed. The question should be stated in the manner in which it is set forth in the law which authorizes the petition for the election.

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE ISSUE IS REQUESTED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.					
SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE ISSUE.					
OFFICE USE ONLY V		SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
	1.	SIGN			
		PRINT			
	2.	SIGN			
		PRINT			
	3.	SIGN			
		PRINT			
	4.	SIGN			
		PRINT			
	5.	SIGN			
		PRINT			
	6.	SIGN			
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	7.	SIGN			
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	8.	SIGN			
		PRINT			
	9.	SIGN			
		PRINT			
	10.	SIGN			
		PRINT			
	11.	SIGN			
		PRINT			
	12.	SIGN			
		PRINT			

CONTINUE ADDITIONAL SIGNATURES AND COMPLETE AFFIDAVIT ON REVERSE SIDE

*The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The General Registrar, or Clerk of Circuit Court, when copying this document for public inspection, must cover the column containing social security numbers.

All signatures required by law need not be on the same page of the petition. Numerous pages may be circulated. The circulator of each page must swear or affirm in the affidavit on the reverse side of this form that s/he resides in, and either is, or is eligible to be, a registered and qualified voter of the county or city or town and, if applicable, the district for which the issue is requested. The circulator also must swear or affirm in the affidavit that he personally witnessed the signature of each voter.

SBE-684.1(1) 9/05

CIRCULATOR: MUST SWEAR OR AFFIRM IN THE AFFIDAVIT BELOW THAT S/HE RESIDES IN AND EITHER IS, OR IS ELIGIBLE TO BE, A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT FOR WHICH THE ISSUE IS REQUESTED AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.					
SIGNER: YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE ISSUE.					
OFFICE USE ONLY V		SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]	POST OFFICE BOXES ARE NOT ACCEPTABLE RESIDENT ADDRESS House Number and Street Name or Rural Route and Box Number and City/Town	DATE SIGNED	*SEE NOTE BELOW SOCIAL SECURITY NUMBER [OR LAST FOUR DIGITS]
	13.	SIGN			
		PRINT			
	14.	SIGN			
		PRINT			
	15.	SIGN			
		PRINT			
	16.	SIGN			
		PRINT			
	17.	SIGN			
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	25.	SIGN			
		PRINT			
	26.	SIGN			
		PRINT			

Commonwealth of Virginia

- AFFIDAVIT -

I, _____, swear or affirm that (i) my resident address is _____;

that (ii) I either am, **OR** I am eligible to be, a qualified voter in the County/City of _____ and, if applicable, _____ District; or if this petition is for a town issue, the Town of _____; (iii) I reside and I am registered, or eligible to be registered, in the county or city or town and, if applicable, the district for which this petition is circulated; (iv) I am qualified to vote or eligible to be qualified to vote for the issue for which this petition is circulated; and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that the penalty for falsely signing this affidavit is a maximum fine of \$2500 and/or confinement for up to ten years.

SIGNATURE OF PERSON CIRCULATING PETITION

CIRCULATOR'S SOCIAL SECURITY NO.
[OR LAST FOUR DIGITS]

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____.

My commission expires on _____.

NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

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